

Regulatory Roles (Primarily)

	DSHA (MAA)	HCA	Federal Government	Private Purchasers, Accreditors & Associations
	MAA & HCA have coordinated selection and quality assurance strategies for purchasing managed care.			NCQA or other accreditation is required or preferred by some payers.
FINANCIAL				
Solvency, reserves	· Additional requirements beyond OIC standards	· Independent review of financial records; additional guarantees may be required as a condition of contract		· NCQA has solvency standards
Pricing	· Competitive bid	· Competitive bid · Risk adjusted payment	· Medicare contracting	· Various competitive bid/pricing approaches
Mergers and acquisitions				
BENEFITS	· Medicaid: specified by law/WAC	· PEBB determines state employee benefits · BHP: package in law/rule; details set by plan	· Medicare: statute · Federal Employee Health Benefit Board offers choices	· Market determined; some purchase pools set standards · NCQA HEDIS measures imply certain preventive benefits
PROVIDERS				
Facility health and safety	· Must be licensed	· Must be licensed	· Medicare certifies	· NCQA same as HCA/MAA
Practitioner credentials/licensing	· Must check for past problems (license, NPDB, Medicare, Medicaid) · Specified core credentials required	· Must check for past problems (license, NPDB, Medicare, Medicaid)	· National Practitioner Data Bank (NPDB) maintains disciplinary and malpractice data on physicians and dentists.	· NCQA same as HCA/MAA
Provider selection and termination	· Plan must have written policies	· Plan must have written policies		· NCQA has requirements for contracts
Provider contracting	· Detailed requirements			
Network adequacy	· Detailed requirements	· OIC standards		· NCQA- standards for availability of primary care provider (PCP) and access
Access standards and data about access	· Detailed requirements	· OIC and agency standards		· NCQA- standards for availability of primary care provider (PCP) and access
CONSUMER RIGHTS				
Consumer information/disclosure	· Enrollees must receive clear information on specified topics	· Enrollees must receive clear information on specified topics		· NCQA same as HCA/MAA
Grievances, appeals and complaints	· Policies required; complaint disposition monitored (site visits)	· Policies required; complaint disposition monitored (site visits)		· NCQA similar to HCA/MAA
Antidiscrimination	· Detailed requirements/written policies			
Confidentiality of records-plans	· Written policies required	· Written policies required		· NCQA same as HCA/MAA
Confidentiality of records-providers	· Requirements in contract for providers	· Written policies required		· NCQA same as HCA/MAA

Sheet3

QUALITY (see also providers)				
Clinical quality review, audit utilization management	<ul style="list-style-type: none"> Plans must have written policies and documented criteria available to providers; denials must be review by one of the plan's medical staff Site visits include review of data, complaints 	<ul style="list-style-type: none"> Plans must hav written policies and documented criteria available to providers; denials must be review by one of the plan's medical staff Site visits include review of data, complaints 	<ul style="list-style-type: none"> Medicare contracts with external review organizations to do quality reviews and studies 	<ul style="list-style-type: none"> NCQA same as HCA/MAA
Quality improvement (QI) structure and process	<ul style="list-style-type: none"> Plans must have clear QI accountability and structure, must use current, objective indicators Plans must follow up on issues discovered in QI (subject to verification during site visits) 	<ul style="list-style-type: none"> Plans must have clear QI accountability and structure, must use current, objective indicators Plans must follow up on issues discovered in QI (subject to verification during site visits) 		<ul style="list-style-type: none"> NCQA same as HCA/MAA
Consumer satisfaction	<ul style="list-style-type: none"> MAA conducts own survey and focus groups 	<ul style="list-style-type: none"> HCA plans to survey consumers in 1997 		<ul style="list-style-type: none"> NCQA requires periodic surveys of consumer satisfaction
Quantitative quality measures	<ul style="list-style-type: none"> External review contract (OMPRO) Moving to additional plan-submitted data 	<ul style="list-style-type: none"> Currently requires two (drawn from HEDIS) and collecting three Moving to additional plan-submitted data Currently requires annual financial and utilization data 		<ul style="list-style-type: none"> Many purchasers require HEDIS measures (NCQA) or other "process measures" Move toward clinical outcome measures (including in HEDIS)
Practice guidelines	<ul style="list-style-type: none"> Must use evidence-based preventive guidelines 	<ul style="list-style-type: none"> Encourages the use of evidence-based preventive guidelines 	<ul style="list-style-type: none"> Some guidelines (e.g. preventive) have official status 	<ul style="list-style-type: none"> NCQA similar to HCA/MAA Many sources of advisory guidelines